

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033627

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

27

Primary Registration District No.

5083

Registrar's No.

186

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. FILED OCT 2 1962 a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mound		Length of stay in 1b Transit	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. N. Adrain, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Stanley Dean Goode		4. DATE OF DEATH Sept 24-62 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-1941
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical Work		10b. KIND OF BUSINESS OR INDUSTRY Marine Corp.	
13a. FATHER'S NAME Stanley Goode		13b. MOTHER'S MAIDEN NAME Pearl Thornbrugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes present		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable intra-cranial hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Immediate DUE TO (c) [REDACTED]		14. NAME OF HUSBAND OR WIFE none	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car collision	
20c. TIME OF INJURY Hour 6 a.m. Month, Day, Year 9 24 62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Highway 71 3 miles So. Archie, Bates, Mo		20f. CITY, TOWN, OR LOCATION Archie, Bates, Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Douglas C. Howard, M.D. (Degree or title)	
22b. ADDRESS Bates, Mo		22c. DATE SIGNED 9-27-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-26-62	23c. NAME OF CEMETERY OR CREMATORY Scott Cemetery	23d. LOCATION (City, town, or county) (State) Amsterdam, Mo.
24. FUNERAL DIRECTOR Archer & Mangold, Amsterdam, Mo.		25. DATE RECD. BY LOCAL REG. 9-27-62	
26. REGISTRAR'S SIGNATURE Norman Wilson			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Mangold
Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.